

postoperative complications was significantly higher in Monklands compared to Wishaw ($p<0.05$). There was no significant difference in rates of readmissions, A&E visits or reoperation ($p>0.05$). In patients with complications, there was no significant difference in their deprivation status.

Conclusions: The ERP is a safe and effective protocol for breast surgery patients with low complication rates and its implementation halved the inpatient admission time in our cohort. The savings derived from this would outweigh the running costs of the ERP.

0876: PREDICTORS OF LYMPH NODE METASTASIS IN LOCALLY ADVANCED BREAST CANCER: WHAT TO DO WITH MICROMETASTASES?

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Introduction: Management of the axilla in breast cancer patients is becoming increasingly complex. We assessed the surgical management of breast cancer in a single centre and identified factors predictive of lymph node metastasis.

Methods: A prospectively maintained database (January 2009 – December 2011) was used to assess patients undergoing breast cancer surgery involving axillary staging with Sentinel Lymph Node Biopsy (SLNB). Primary outcomes were factors predictive of positive sentinel lymph node at index procedure. Secondary outcomes were factors predictive of further lymph node metastases at subsequent axillary node clearance (ANC).

Results: 456 female patients (age 29–90) were included, of whom 70 (15.4%) had at least one positive node at SLNB. Of these, 17 (32%) had micrometastases alone while the remainder had evidence of macrometastasis. 60 patients (85.7%) received ANC, of whom 18 (30%) had evidence of further positive nodes. No patients with micrometastases alone at SLNB had evidence of further positive nodes at ANC. On multivariate analysis, factors predictive of positive SLNB were tumour size ($p<0.01$) and vascular invasion ($p<0.001$). The only factor predicting further node involvement at ANC was presence of macrometastasis at SLNB ($p=0.036$).

Conclusions: Our results suggest that finding micrometastases alone at SLNB may not necessitate ANC.

1057: IS THERE STILL A ROLE FOR BONE SCINTIGRAPHY IN PATIENTS WITH BREAST CANCER SELECTED FOR SYSTEMIC STAGING IN THE ERA OF MULTI-DETECTOR CT?

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Introduction: Approximately 7% of women will have distant metastases when presenting with breast cancer. The aim of this study was to evaluate the additional diagnostic yield from bone scintigraphy in patients with newly diagnosed breast cancer undergoing CT staging of the thorax, abdomen and pelvis.

Methods: Patients with newly diagnosed breast cancer who underwent systemic staging with CT-TAP and bone scintigraphy were included. Results of biopsy and staging investigations were correlated. Criteria for staging included: Locally advanced or inflammatory breast cancer, Neoadjuvant therapy, Biopsy proven axillary nodal metastases on US axillary staging, Patients undergoing mastectomy, Symptoms suggestive of metastatic disease.

Results: 135 patients (median age 59) underwent systemic staging in 2012. Seventeen patients (13%) had distant metastases. Four patients (3%) had metastases to more than one organ on CT. Of the 13 (10%) patients with one metastatic site, 2 (1%) had liver metastases and 5 (4%) had lung metastases only. Six patients (4%) had bone metastases and only one of these involved a bone (subtrochanteric femur) metastasis not seen on CT-TAP. CT-TAP alone would have resulted in a false negative rate of 0.7%.

Conclusions: In patients with newly diagnosed breast cancer selected for systemic staging, multi-detector CT is a satisfactory stand-alone investigation.

1098: THE ROLE OF TSG101 IN EXOSOMAL COMMUNICATION IN TRIPLE NEGATIVE BREAST CANCER TUMOURS AND ITS POTENTIAL AS A CHEMOTHERAPEUTIC TARGET

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Introduction: TSG101 is an essential protein involved in the sorting and trafficking of cell components destined for cellular processing, degradation or cellular release, and is integral to exosome production and release. Exosomes have the ability to carry transcriptional information and transfer information.

Results: BT-549 TNBC cells were more sensitive to the chemotherapeutic drug Paclitaxel compared to MDA-MB-231 TNBC cells which were more chemoresistant. Western Blot analysis demonstrated TSG101 levels were higher in MDA-MB-231 and remained constant after 24 and 48 hours treatment, while the more Paclitaxel sensitive BT-549 showed decreased TSG101 levels, which decreased after 24 and 48 hours of Paclitaxel treatment. Using a siRNA-knockdown of TSG101, NanoSight particle analysis revealed the size and numbers of exosomes released by these cell lines differed. Immunohistochemical analysis of 85 breast cancer cases on TissueMicroArray established strong cytoplasmic staining of TSG101 in 20% of cases, while 53% of tumours demonstrated none/weak staining of TSG101.

Conclusions: We conclude that TSG101 is differentially expressed in the TNBC in vitro and that expression levels are influenced by Paclitaxel treatment, and siRNA-knockdown of TSG101 impedes the release of exosomes suggesting that high levels of TSG101 may provide a mechanism for the dissemination of the malignant phenotype in recipient cells.

1113: WIDE LOCAL EXCISION UNDER LOCAL ANAESTHETIC FOR EARLY BREAST CANCER: A SURGICAL OPTION FOR THE MEDICALLY UNFIT

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Introduction: The mainstay of treatment for early breast cancer is surgery. However for elderly and medically unfit patients treatment can be challenging. We look at the use of wide local excision (WLE) performed under local anaesthetic (LA) compared to primary endocrine therapy (PET) in this group of patients.

Methods: All breast cancer patients aged 50 and above, receiving non-standard therapy (WLE under LA or PET), in the last 5 years were included. We compared mortality and follow-up times between these two treatment groups.

Results: A total of 85 patients were seen, 26 were included in the WLE under LA group and 59 in the PET group. There was no significant difference in patient age (median age 85 and 83 respectively). Patients having WLE under LA had significantly lower mortality (19%, $p<0.05$) and longer follow-up time (35 months, $p<0.05$) compared to the PET group. The primary reason for non-standard therapy in both groups was due to poor medical fitness.

Conclusion: Selection to non-standard therapy should be made using a combination of preoperative assessment and detailed discussion with patients. Within this subset the use of WLE performed under LA can be a successful treatment option for motivated patients with intact cognitive function.

1125: EFFICACY OF POST-OPERATIVE PAIN CONTROL WITH THE HELP OF PATIENT CONTROLLED WOUND SOAKERS (CONTINUOUS INFILTRATION OF LOCAL ANAESTHETIC INFUSION) FOLLOWING BREAST RECONSTRUCTION

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Introduction: Poor pain control following breast reconstruction has been shown to increase the patient morbidity & the length of stay. Intravenous narcotic analgesia has significant side effects. To prospectively assess the efficacy of pain control with patient controlled wound soakers.

Methods: A prospective cross-sectional study including all breast reconstructions with patient controlled wound soakers performed between Apr12– Mar 13 was conducted.

Results: A total of 36 patients with the age of *49 (37–74) were included. Procedures included expander/implant reconstructions with dermal sling or Strattice 72%, LD flaps 16% etc. Over 70% of patients experienced either